The Office of the Comptroller
Security Administration
MMARS Electronic Security Form Agreement

This document is an agreement between:

The Office of the Comptroller, Security Administration
                                    and

Department Name:	*Department Alpha Code:*
(Please print)	
_____	_____

The use of the MMARS electronic on-line security request form requires the resetting of your network password every thirty (30) days. Failure to comply could result in the cancellation of your department's participation in this project.

As security officer I _____, agree to change my network password every 30 days. I
                                security officer name (please print)
understand that I am responsible for all MMARS electronic on-line request forms which are processed. Any violation could result in disciplinary action.

Security Officer Signature:	*Date:*
_____	_____

Department Head Signature:	*Date:*
_____	_____

Please return the completed form to:

Security Administration
Office of the Comptroller
1 Ashburton Place, 9th Floor
Boston, MA 02108 Attention: Kathy O'Leary